Please che	eck appro	priate cat	egory:	
K-1	<u>2-3</u>	4-6	<u>7-9</u>	10-12

PLEASE PLACE THIS DOCUMENT/FORM ON THE BACK OF THE POSTER

STUDENT Name First:	Middle:	Last:			
Address:					
(Address Option					
Please drop poster submissions off by Fe	ebruary 12, 2024. Circle Drop off loca	ation:			
Drop off locations in Bonifay. NRCS office	ce or Holmes County 4-H office				
Teachers can arrange to have multiple s	ubmissions picked up at the school b	y emailing Alana Frank	klin at		
alanafranklin11@gmail.com					
PARENT/GUARDIANS SIGNATURE X		DATE			
Printed name of parent or guardian nam	ne:				
Parent/Guardians signature will allow the submission for educational or promotion		isted below to utilize	poster		
Email Address	Phone Numb	er: <u>(</u>)			
SCHOOL/GROUP/ORGANIZATION Please choose: Public School	_ Private School Home School	Organization _	Other		
Name:					
Contact:					
Address:					
Phone Number: ()					
CONSERVATION DISTRICT					
Name:					
Contact:	Email Addres	Email Address:			
Address:	City:	State:	Zip:		
Phone Number: ()					